

NOV 04 2005

TELECOPIER COVER SHEET

November 4, 2005

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Jason Rosenzweig Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Amendment and Request for Reconsideration and First Supplemental Information Disclosure Statement App. No.: 10/792,305 Filed: 03/02/2004 Docket No.: A04P1019 Confirmation No.: 4653	Number of pages being sent: <u>17</u> (including cover page)

**PLEASE DELIVER TO EXAMINER ROSENZWEIG, Art Unit 3762.
Thank you.**

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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Steve Koh **Confirmation No.:** 4653
Serial No.: 10/792,305 **Examiner:** Jason Rosenzweig
Filed: 03/02/2004 **Art Unit:** 3762
Docket No.: A04P1019
For: SYSTEM AND METHOD FOR DIAGNOSING AND TRACKING
 CONGESTIVE HEART FAILURE BASED ON THE PERIODICITY OF
 CHEYNE-STOKES RESPIRATION USING AN IMPLANTABLE
 MEDICAL DEVICE

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- Amendment and Request for Reconsideration
 Power of Attorney by Assignee...
 First Supplemental Information Disclosure Statement
 PTO-1449 (copy of cited references are not enclosed)
 Transmittal Letter, Fee and Cert. of Mailing

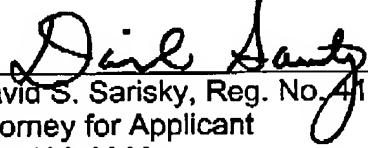
CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	20	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.)					180
Specify: First Supplemental Information Disclosure Statement						
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**
<input checked="" type="checkbox"/>		Charge Deposit Account No. 16-0068 the amount of		\$180**	A copy of this letter is enclosed.	

PATENT

- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- X Any additional filing fees required under 37 CFR 1.16.
- X Any patent application processing fees under 37 CFR 1.17.
- X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- X Any patent application processing fees under 37 CFR 1.17.
- X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 4 Nov. 2005

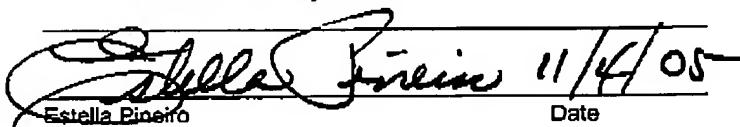


David S. Sarisky, Reg. No. 41,288
Attorney for Applicant
818-493-3369

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

November 4, 2005



Estella Pineiro Date